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**'SO UNLIKE THE NORMAL LUNATIC':
ABNORMAL PSYCHOLOGY IN
BRAM STOKER'S *DRACULA***

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The perceived intimacy of the relationship between the lunatic Renfield and Dracula has ensured that the former has received little critical attention in his own right. Seward's passing remark that Renfield "seems so mixed up with the Count in an indexy kind of way" has bolstered a critical approach that dismisses the lunatic merely as a projection of the Vampire's appetite, or, at most, as his symbolic herald.¹ The currency of such views makes it equally easy to assume that Renfield's mental condition has arisen as a consequence of his encounter with Dracula—an assumption which lifts the character out of a medical context in order to realign him with the perceived occult and symbolic scripts of the novel.²

A closer examination of *Dracula*, however, reveals that Renfield's psychosis is already at an advanced stage some months prior to the Count's arrival in England. Renfield is first questioned in the asylum by the alienist, Seward, on May 25. Dracula, as Harker's Journal and the Ship's Log of the *Demeter* confirm, leaves Transylvania on June 30 and lands in England, at Whitby, on August 7.³ The vampire, as Van Helsing informs Seward, cannot easily cross running water, and so must be judged as playing no part in the genesis or early development of Renfield's mental disorder.⁴

Similarly, Renfield's psychosis is *analogous*, rather than identical, to the parasitic practices of Dracula. Seward takes pains to classify his patient: "My homicidal maniac is of a peculiar kind. I shall have to invent a new classification for him, and call him a zoophagous (life-eating) maniac...."⁵

Significantly, Seward repeatedly draws attention to the manner in which Renfield 'absorbs' life. For example, the alienist observes:

He disgusted me much while with him, for when a horrid blow-fly, bloated with some carrion food, buzzed into the room, he caught it, held it exultingly for a few moments between his finger and thumb, and, before I knew what he was going to do, put it in his mouth and ate it. I scolded him for it, but he argued quietly that it was very good and very wholesome; that it was life, strong life, and gave life to him.⁶

It is clear, then, that Renfield is, as Seward terms him, *zoophagous*, or 'life-eating,' whereas Dracula is exclusively *zoopotous*, or 'life-drinking.' Renfield, again, disregards the spiritual value of the lives he consumes. As he explicitly states: 'I don't want any souls!'⁷ Unlike Dracula, therefore, Renfield does not seek to perpetuate his own kind, and it is significant that his only venture into blood *drinking* occurs after the arrival of the Vampire in the neighbourhood of Seward's asylum.⁸ Dracula, it appears, is able to *harness* Renfield's mental delusion, although there is no evidence as to his having *created* it. In short, Renfield's psychosis remains a medical rather than occult phenomenon for most of its duration.

It thus becomes possible to approach Renfield by way of Victorian medical discourse—to treat him in effect as a representation of a conventional mental patient, despite Seward's assertion that Renfield is, in his morbid ideas at least, 'so unlike the normal lunatic.'⁹ But Seward, equally, is subject to the same medical discourse, and to criteria which *should* construct him as a version of 'normal' sanity, as one having mental qualities distinguishable from those of his patient. This discursive intimacy between physician and patient permits in the novel a realignment of their relative or reciprocal positions, of their relationship to each other and to the 'normal.' In *Dracula*, it may be argued, the 'normal' is a quantum defined largely through its absence, signified primarily by the presence of deviations. But the boundary between symptom and treatment is by no means fixed, and their relationship may be seen to be at times more parallel than reciprocal.

No explicit information is advanced in the novel regarding Seward's customary treatment of the lunatics placed under his care at the private asylum in Purfleet. Some insight, however, may be gained from a retrospective remark which the alienist makes in his phonograph journal immediately following the initial examination of the patient. Seward recalls:

I questioned him more fully than I had ever done, with a view to making myself master of the facts of his hallucination. In my manner of doing it there was, I now see, something of cruelty. I seemed to wish to keep him to the point of his madness—a thing which I avoid with the patients as I would the mouth of hell.¹⁰

Seward is suggesting that his customary practice is one in which the patient's delusion is persistently marginalised rather than confronted. The attention of the patient is directed away from the

psychosis, and thus also from its 'faulted' logic—'the point of his madness.' The patient is therefore forced to participate in the 'sane' world and its values rather than in those which structure the 'hallucination' or delusion.

Seward's customary clinical approach resembles the physiologically-based psychology of the British physician, W. B. Carpenter. Carpenter argued that both physical and mental activity were 'habituated' into accustomed processes and motions shaped essentially on the pattern of the exercise of the conscious mind. Carpenter states, for example, that

...the Physiological mechanism has this peculiarity,—that it forms itself according to the mode in which it is habitually exercised; and thus not only its automatic but even its unconscious action comes to be indirectly modified by the controlling power of the Will.¹¹

The 'habituation' of the unconscious 'physiological mechanism' of the brain was further developed by Carpenter into a process termed 'unconscious cerebration,' in which logical conclusions on one specific topic or question could be formulated unconsciously whilst the conscious portion of the mind was otherwise engaged upon another.¹²

Unconscious cerebration is mentioned explicitly several times in *Dracula*. Seward, for example, considers the process to be integral to his own inductive activity:

...the rudimentary idea in my mind is growing. It will be a whole idea soon, and then, oh, unconscious cerebration! you will have to give the wall to your conscious brother.¹³

But Seward also applies the term to his patient when he recalls one of Renfield's insane fits. In an initial visit the alienist raises the question of the souls of the creatures consumed by the lunatic. He returns to Renfield's cell:

When I came in he said at once, as though the question had been waiting on his lips:—
'What about souls?' It was evident then that my surmise had been correct. Unconscious cerebration was doing its work, even with the lunatic.¹⁴

Despite the coda to Seward's concluding sentence, this is, in Carpenter's model, not an unusual situation. Carpenter asserts:

I feel convinced that, in the habitually well-disciplined nature, this unconscious operation of the Brain, in balancing for itself all these considerations, in putting all in order (so to speak), and in working out the result, is far more likely to lead us to good and true decision, than continual discussion and argumentation.¹⁵

Conversely, the argument follows that an insane nature will produce results compatible only with its psychotic state—logical within the rubric of its own delusion, though seriously out of step with the world beyond.¹⁶ As Seward later phrases it: How well the man reasoned; lunatics always do within their own scope (Stoker, 1897, 71).

The physiological and psychological mechanism by which these results are produced is, however, arguably the same in both cases.

Carpenter perceives the alienist's rôle in such clinical situations as fundamentally one of surrogate Will to the irresponsible patient:

For there can be no doubt that while the tendency to brood upon a particular class of ideas and on the feelings connected with them, gives them, if this tendency be habitually yielded to, an increasing dominance,—so that they at last take full possession of the mind, overmaster the Will, and consequently direct the conduct,—there is a stage in which the Will has a great power of preserving the right balance, by steadily resisting the 'brooding' tendency, calling-off the attention from the contemplation of ideas which ought not to be entertained, and directing it into some entirely different channel (Carpenter 671).

The patient is thus 'habituated back' into culturally permissible or vigorous mental practices, which in turn lead to acceptable conclusions or results. The patient may thus, theoretically, be cured of his delusion, provided the alienist persists with the treatment.

Seward, of course, does not continue the therapy. As surrogate Will to his patient, Seward is at best absent or distracted: he is never disinterested. Utilising the same medical logic that supports his therapeutic practice, Seward progressively takes steps to facilitate rather than retard the progress of Renfield's psychosis. The alienist forces the lunatic's attention directly onto the locus of the delusion, initially

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through encouraging the patient to accumulate material closely associated with its gratification. Seward recalls:

5 June.—He seems to have some settled scheme of his own, but what it is I do not yet know....Just now his hobby is catching flies. He has at present such a quantity that I have had myself to expostulate. To my astonishment, he did not break out into a fury, as I expected, but took the matter in simple seriousness. He thought for a moment and then said: 'May I have three days? I shall clear them away.' Of course, I said that must do. I must watch him.

18 June.—He has turned now his mind to spiders, and got several very big fellows in a box. He keeps feeding them with his flies, and the number of the latter is becoming sensibly diminished, although he has used half his food in attracting more flies from outside to his room (Stoker, 1897, 68, c.f. 116, 270).

Renfield subsequently tames a group of sparrows in order to dispose of the spiders, again at Seward's request. The alienist uses this development as an opportunity to accelerate the delusion through suggestive and provocative questioning:

When I came in he ran to me and said he wanted to ask me a great favour—a very, very great favour; and as he spoke he fawned on me like a dog. I asked him what it was, and he said, with a sort of rapture in his voice and bearing:

'A kitten, a nice little, sleek, playful kitten, that I can play with, and teach, and feed—and feed—and feed!' I was not unprepared for this request, for I had noticed how his pets went on increasing in size and vivacity, but I did not care that his pretty family of tame sparrows should be wiped out in the same manner as the flies and the spiders, so I said I would see about it, and asked him if he would not rather have a cat than a kitten. His eagerness betrayed him as he answered:

'Oh, yes I would like a cat! I only asked for a kitten lest you should refuse me a cat. No one would refuse me a kitten, would they (Stoker, 1897, 70)?'

It is clear that, as an empiricist, Seward is now in more or less complete possession of the previously unknown 'settled scheme' behind Renfield's delusion. A final examination of the evidence confirms a

picture already formulated by the alienist's own unconscious cerebration:

11 p.m.—I gave Renfield a strong opiate to-night, enough to make even him sleep, and took away his pocket-book to look at it. The thought that has been buzzing about my brain lately is complete, and the theory proved....what he desires is to absorb as many lives as he can, and he has laid himself out to achieve it in a cumulative way. He gave many flies to one spider, and many spiders to one bird, and then wanted a cat to eat the many birds (Stoker, 1897, 70-71. c.f. 69).

The progression in size within Renfield's food-chain is both logical and obvious as Seward himself implies, above. It is only the nutritional logic upon which the consumption is founded that is dissonant to the 'sane' world.¹⁷

The image of the thought 'buzzing about' inside Seward's brain, however, signals the edge of an approaching discursive crisis in the text, a breaking down of the supposed mental, or rather, logical, differences that distinguish patient from physician.¹⁸ The metaphor, with its insect associations, aligns the clinical conclusions which Seward draws from his observation of Renfield's consumption of life with the nutritional 'statistics' which the patient formulates from his own self-analysis.

Seward has already noted the regularity of Renfield's introspective activity:

He has evidently some deep problem in his mind, for he keeps a little note-book in which he is always jotting down something. Whole pages are filled up with masses of figures, generally single numbers added up in batches, and then the totals added in batches again, as though he was 'focusing' some account, as the auditors put it (Stoker, 1897, 69).

Physician and patient are observing the same process of ingestion. Both preserve their conclusions in a private journal—the phonograph or note-book. Only the assumed status of the physician as socially-responsible manipulator of an approved discourse assigns the roles of sanity and insanity, of observer and observed in the novel. But Seward, as his manipulation of Renfield's psychosis continually demonstrates, becomes increasingly irresponsible as his insane counterpart's

obsession develops. Seward's manipulation of his patient's displaced appetite parallels Renfield's ploys to attract flies, spiders and birds (Stoker, 1897, 107, 101). Essentially, he is 'consuming' Renfield's activities as empirical data.

It is in the privacy of Seward's phonograph journal, which the reader may study in much the same way as the alienist peruses Renfield's notebook, that the medical discourse in the text suddenly turns back upon itself, directing its gaze away from the customary subject of the patient and onto the normally transparent presence of the perceiving physician. Seward moves rapidly from observation to speculation, and from speculation to introspection:

What would have been his later steps? It would almost be worth while to complete the experiment. It might be done if there were only a sufficient cause. Men sneered at vivisection, and yet look at its results to-day! Why not advance science in its most difficult and vital aspect—the knowledge of the brain? Had I even the secret of one such mind—did I hold the key to the fancy of even one lunatic—I might advance my own branch of science to a pitch compared with which Burdon-Sanderson's physiology or Ferrier's brain knowledge would be as nothing. If only there were a sufficient cause! I must not think too much of this, or I may be tempted; a good cause might turn the scale with me, for may not I too be of an exceptional brain, congenitally (Stoker, 1897, 71)?

Seward's desire for a 'cause,' a justification upon which to base further intervention in Renfield's psychopathology, must be read in the context of the alienist's earlier assessment of his patient:

...a possibly dangerous man, probably dangerous if unselfish. In selfish men caution is as secure an armour for their foes as for themselves. What I think of on this point is, when self is the fixed point the centripetal force is balanced with the centrifugal: when duty, a cause, etc., is the fixed point, the latter force is paramount, and only accident or a series of accidents can balance it (Stoker, 1897, 61).

Because the investigation was explicitly initiated out of personal motives—as an anodyne following the rejection of his courtship by Lucy Westenra—it is limited, to use Seward's own theoretical terminology, by the 'caution' of self-restraint, by the self as 'fixed

point.' Even Seward's ambition, manifested in the text by the coupling of the names of contemporary physicians with the 'I' which is striving to eclipse their discoveries, is restricted by the absence of 'a sufficient cause' beyond the compass of the self.¹⁹

Seward has retreated far from the Hippocratic convention of the physician as healer. His concern is clearly not for Renfield but for his 'quaint' ideas, 'the case of Renfield,' his present and future pathology rather than his return to mental health (Stoker, 1897, 60, 68). Hence Seward may report:

The man is an undeveloped homicidal maniac. I shall test him with his present craving and see how it will work out; then I shall know more (Stoker, 1897, 70).

But Seward fears the consequence of going beyond Renfield's 'present craving,' of playing the mania out to its logical conclusion—'I wonder at how many lives he values a man, or if at only one' (Stoker, 1897, 71). The homicidal motives within the self, sufficient for the lunatic, are still not enough for his keeper—although Seward is explicitly wary that excessive concentration on his own obsession might 'turn the scale.' The potential is always there.

The superficial division between 'sane' and 'insane' is, however, preserved, despite the novel's insistence on a common pattern of mental structures. At the peak of Seward's obsession 'duty'—meaning, the physiological and spiritual needs first of Lucy Westenra and latterly of Mina Harker—is substituted for the absent 'cause.'²⁰ Seward is thus enabled to demonstrate his 'sanity,' to return to the Hippocratic convention of healing, to align with Van Helsing rather than with Renfield, the latter by now increasingly associated with the 'criminally insane' Count Dracula.²¹

Reading *Dracula* by way of Victorian medical discourse thus permits the relationships between Renfield, Seward and Dracula to take on a different perspective. The vampire becomes a coda to Renfield's mental illness, rather than its central feature. Seward, through his medical malpractice, assumes the responsibility not merely for exacerbating Renfield's illness, but also, ironically, for facilitating the vampire's access to Mina Harker, and the death of his patient also.²² Most revealing of all, however, is the implication that any analysis of Renfield will bring the reader finally to Seward—not merely through the alienist's intervention in his patient's original illness, but rather through the mental conditions, drives and neuroses which both share.

When Seward says of Renfield's obsession, 'We are progressing,' he is pointing also to the parallel neurosis of his own watchfulness, his own consumption, of which the reader is frequently an observer, but seldom, it seems, an analyst (Stoker, 1897, 69).

NOTES

¹B. Stoker, *Dracula* [1897] (Oxford, 1983), p. 248. c.f.p. 225. For modern critical views of Renfield see C. Leatherdale, *Dracula: The Novel and the Legend* (Wellingborough, 1985), pp. 178-179.

²V. Sage, *Horror Fiction in the Protestant Tradition* (Basingstoke, 1988), p. 54.

³Stoker 1897, pp. 60, 52., 81, 75. The novel specifies no year for its action.

⁴Stoker 1897, p. 240. Renfield is committed to psychiatric care through the intervention of his friends. See Stoker 1897, pp. 233-234.

⁵Stoker 1897, pp. 70-71.

⁶Stoker, p. 69, c.f. pp. 70, 115, 232, 234, 255.

⁷Stoker 1897, p. 270, c.f. pp. 268-269.

⁸Stoker 1897, p. 141.

⁹Stoker 1897, p. 60.

¹⁰Stoker 1897, p. 60.

¹¹William B. Carpenter, *Principles of Mental Physiology with their Applications to the Training and Discipline of the Mind and the Study of its Morbid Conditions* (London, 1874), p. 15.

¹²Carpenter defined the process of Unconscious Cerebration in 1853. According to Whyte, the term entered popular usage around 1870. See L.L. Whyte, *The Unconscious Before Freud* (London, 1967), pp. 155, 163, 169-170; W. B. Carpenter, 'The Unconscious Action of the Brain,' *Science Lectures for the People*, Third Series (1871), pp. 3, 18; c.f. F.P. Cobbe, 'Unconscious Cerebration. A Psychological Study,' *Macmillan's Magazine* (November 1870), pp. 25-26.

¹³Stoker 1897, p. 69.

¹⁴Stoker 1897, p. 270. For other references to the concept see Stoker 1897, p. 69, and c.f. p. 278, pp. 340-341. The process is mentioned occasionally in Stoker's other fiction. See *The Shoulder of Shasta* (Westminsters, 1895), p. 215; *Lady Athlyne* (London, 1908), p. 250.

¹⁵Carpenter 1874, pp. 532-533.

¹⁶C. F. Cobbe, p. 33. Consider also Van Helsing's reference to 'madman's logic': Stoker 1897, p. 194.

¹⁷Note the momentarily 'sane' Renfield's assessment of his delusion during his interview with Mina Harker. Stoker 1897, p. 234.

¹⁸Note that Van Helsing uses the same image in connexion with his own unconscious cerebration: Stoker 1897, p. 340.

¹⁹For information on Ferrier and Burdon-Sanderson see: R. Jann, "Saved by Science? The Mixed Metaphors of Stoker's *Dracula*," *TSL* 31 (1989), 277 and n. 12.

²⁰Seward, as a gentleman, also has a conventional 'duty' towards women in distress. See Mark Girouard, *The Return to Camelot: Chivalry of the English Gentleman* (New Haven, 1981), p. 260.

²¹Note that Van Helsing describes 'the philosophy of crime' as 'the study of insanity': Stoker 1897, p. 341.

²²Note Van Helsing's words to Jonathan Harker: Stoker 1897, p. 302.